عصيرة مراحصه 31-E R.C. 3517.10(B)

## **Statement of Contributions Received** at a Social or Fund-Raising Event

Event Date_	09/	$\Pi$	15
Page			

Prescribed by Secretary of State 03/03									
Name of Committee in Full Friends of Troy D, Markham									
Full Name of Contributor Kevin Kuhlwein	7.		Registration Number, if P	AC					
Street Address	Employer/Occupati	ion/Labor Organization*	09 1115	Amount An AA					
5768 Kocky Shore	State	Zip Code	Form (Cash, Check, etc.)	20,00					
Lewis Center	ott	43035	Cash						
Full Name of Contributor Gerald Noel			Registration Number, if P.	AC					
Street Address 640 Euclaire	Employer/Occupati	ion/Labor Organization*	09 11 15	20,00					
Cin Dex ley	O(T	Zip Code 43209	Form (Cash, Check, etc.)						
Full Name of Contributor	! <u>-</u>	1 10201	Registration Number, if P.	AC					
Jan Cole Street Address	Employer/Occupati	ion/Labor Organization*	M D Y	Amount					
5378 Ruckmore Dr.	Sta te	Zip Code	Form (Cash, Check, etc.)	20,00					
Westerville	017	43082	Cash						
Full Name of Countibutor			Registration Number, if P.	AC					
Jason Ramsey Street Address	Employer/Occupati	ion/Labor Organization*	Ma B Y	Amount					
361 S. Roosevelt Ave.	Sta te	Zip Code	0,9  (  1   1   5   5   5   5   5   5   5   5	20,00					
Bexley	0H	43209	Cash	-					
Bull Name of Contributor Brian Stephens			Registration Number, if P	AC					
4940 Delawarda Ax	Employer/Occupati	ion/Labor Organization*	091115	Amount 25,00					
Columbus	OH State	Zip Code 43214	Form (Cash, Check, etc.)						
Full Name of Contributor	· · · · ·	· · · · · · · · · · · · · · · · · · ·	Registration Number, if P	AC					
Street Address	Employer/Occupati	ion/Labor Organization*	Ma D Y	Amount					
182 N. Cassingham Kd		Ta: 6.1	99 11115	20,00					
Bexley	OI+	Zip Code 43209	Form (Cash, Check, etc.)						
Warren Carleton			Registration Number, if P	AC					
Warren Carleton Suren Address 5948 Buechler Rd	Employer/Occupation/Labor Organization*		84 11115	Amount 20,00					
City O I C	Sta te	Zip Code	Form (Cash, Check, etc.)						
* Required for contributions from individuals over \$100 to statewide	and General Asse	embly candidates. If contributo	r is self-employed, the occu	nation and the name of					
the individual's business, if any, rather than employer should be liste	d. If two or more o	employees contribute via payro	oll deduction and exceed the	aggregate of \$100, the					

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event

In die die totali			
Total contributions this event	Total expenditures this event.		
145 00		Page Total \$	145,00

labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]